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PTC/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____

Name of Additional Joint Inventor, if any:										
Given Name (first and middle (if any))				Family Name or Sumame						
BRIAN		TOKI								
inventor's Signature							Date			
Residence: City	LDIMO	57-4-5	WA	Countr	United Sta	ates	Citizansi	hip		
	State WA Country (TITE)									
Post Office Address	16720 6th Avenue, West #C204									
Post Office Address							1			
City	Lirwood	State	WA	ZIP	98037	Countr	y Unite	d Sta	ates	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	Given Name (first and middle [if any])				Family Na	me or S	Sumame			
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Inventor's Signature							Dar	te		
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
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